

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18533

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** THE CARING CENTER, INC.

**Current Principal Place of Business:**

1016 MAIN STREET  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 953  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-2756333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELLS, RENO C SR  
110 NORTH 11TH STREET  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NORTON, JEFF  
Address: 201 NORTH 2ND STREET  
City-St-Zip: PALATKA, FL 32177

Title: D  
Name: PEMBER, BILL  
Address: 3506 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: SD  
Name: RABUN, CHARLIE  
Address: 500 MOSELEY AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: TD  
Name: SCHWALL, TAMMY L  
Address: 110 NORTH 11TH STREET  
City-St-Zip: PALATKA, FL 32177

Title: D  
Name: CASON, DEBORAH  
Address: 130 ORIE GRIFFIN BLVD  
City-St-Zip: PALATKA, FL 32177

Title: PD  
Name: FELLS, RENO  
Address: 110 N 11TH ST  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RENO C. FELLS, SR.

PD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date